The Centers for Disease Control and Prevention have reported that approximately one of every eight older adults self-report experiencing confusion or memory loss that is becoming more frequent or getting worse. Thus, identifying individuals who are at-risk for cognitive problems is essential. The purpose of this investigation was to assess the relationship between life space mobility and cognition within older Blacks and Whites with diabetes. Baseline data from the University of Alabama at Birmingham (UAB) Diabetes and Aging Study of Health (DASH) were utilized. Multiple regression models adjusted for age, education, income, gender, and race were utilized to assess the association between restricted life space (a score of less than 60 on the UAB Life Space Assessment) and cognitive function as assessed by the Telephone Interview for Cognitive Status (TICS-M). The analytic sample consisted of 224 older adults with diabetes (mean age = 73.52) with 54% being female and 53% White. Of the participants, 75 (32%) had a restricted life space and individuals with restricted life space on average had cognition scores that were over 2 points lower than participants categorized as not having restricted life space (B = -0.18, p < .01). Additionally, Black participants had lower levels of cognition when compared to Whites in the covariate-adjusted models (B = -0.23, p < .01). Results of this investigation provide additional evidence to support the relationship between mobility and cognition. Longitudinal investigations assessing the association between mobility and cognition within older adults with diabetes are needed.

CHRONIC KIDNEY DISEASE, MUSCLE WEAKNESS, AND MOBILITY LIMITATION

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Objectives: Chronic kidney disease (CKD) is associated with increased mobility limitation. Prior research has documented that peripheral nerve abnormalities occur early in CKD and progressively worsen. Loss of balance, impaired muscle strength, and slow gait predispose older adults to falls and frailty. However, the current literature is limited by a lack of nationally representative data that includes objective measures of kidney disease and physical functioning. Thus, this research examines whether CKD is associated with muscle strength, balance, gait, and self-reported mobility limitations. Methods: Data come from the 2016 Health and Retirement Study (HRS). Estimated GFR, a measure of kidney functioning derived from creatinine levels in the blood, was used to classify CKD (i.e, eGFR<45 or Stage 3b CKD). Logistic and linear regression models were generated to examine the association of CKD with physical functioning, net of demographic characteristics (i.e., age, sex, race, and education) and comorbidities (i.e., obesity, pain, and number of diagnosed medical conditions). Results: In unadjusted models, CKD was significantly associated ($p<0.05$) with more mobility limitations, slower walking speeds, stronger grip strengths, and non-participation in balance tests. After adjusting for covariates, CKD (β=-1.43, p=0.01) was negatively associated with grip strength. In sex-stratified models, CKD was associated with slower walking speeds among men, whereas CKD was associated with more mobility limitations among women. Discussion: In a nationally representative sample of older adults, CKD was associated with poorer physical functioning on multiple measures. After adjusting for demographic characteristics and comorbidities, CKD was associated with increased muscle weakness.

PERCEIVED PHYSICAL LITERACY FOR CHINESE ELDERLY QUESTIONNAIRE DEVELOPMENT: PRELIMINARY VALIDITY AND RELIABILITY

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Physical activity (PA) is an essential health prompting behavior. Unfortunately, in China, only about 12% to 40% of older adults met the PA recommendations. To guide the design of future PA interventions and policy-making, innovative solutions are needed to be introduced. Physical literacy, a relatively novel concept, has been recently introduced in the field of older adults' PA. This concept takes a holistic view of PA behavior, which proposed that a person need to be motivationally, physically, strategically, effectively, socially, and knowledgeably prepared to be and stay physically active. The aim of this study was to develop the Perceived Physical literacy for Chinese Elderly (PPLCE) questionnaire and to establish its reliability and validity. An item pool for the PPLCE was generated from literature and interviews with Chinese older adults. Expert panel reviews and cognitive interviews were applied to establish the face and content validity of the questionnaire. A convenient sample of 388 Chinese older adults was recruited to assess the psychometric properties of the PPLCE. The item-level analysis and exploratory factor analysis resulted in a 46-item self-report measure, consisting with four factors: motivation, physical competence, interaction with environment, sense of self, interaction with others, and knowledge and understanding. The Cronbach's alpha coefficient and test-retest reliability of the PPLCE were 0.88 and 0.79 respectively. A positive correlation between PPLCE and leisure-time PA was found (r=0.43). The PPLCE has the potential to be used as a valid and reliable measure to assess Chinese older adults' perceived physical literacy.

MOBILITY TRAJECTORIES, HEALTHCARE SATISFACTION, AND PERCEIVED DISABILITY DISCRIMINATION AMONG OLDER ADULTS

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Although functional mobility limitations are associated with increased healthcare needs in later life, little research explores how older adults with varying functional mobility trajectories experience healthcare quality. To this end, we explore the effects of functional mobility trajectories on differences in healthcare treatment satisfaction, perceived disability discrimination in healthcare settings, and perceived everyday disability discrimination. We analyzed 9 waves of the Health and Retirement Study (n=29,284, 1998-2014, ages 50-84). First, we estimate age-specific group-based trajectories of functional mobility across age using finite mixture models. Second, we use multinomial logistic regression to identify sociodemographic factors that place individuals at elevated risk of membership in each group. Third, we explore how membership in one disability trajectory group over another affects healthcare